

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-015093

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

1919

FILED APR 20 1962

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

KANSAS CITY

Length of stay in 1b

56 yrs.

c. FULL NAME OF (If NOT in hospital, give location)

St. Luke's Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

JACKSON

c. CITY

KANSAS CITY

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

16 E. 66 Terr.

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

First

Robert

Middle

L.

Last

Baldwin

4. DATE OF DEATH

April

Month

5

Day

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married

☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-11-84

9. AGE (last birthday)

77

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Burns & McDonald Engineering Co. - Retired

10b. KIND OF BUSINESS OR INDUSTRY

Dresden, Mo.

11. BIRTHPLACE (City and state or country)

U.S.A.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John M. Baldwin

13b. MOTHER'S MAIDEN NAME

Nannie Catrom

14. NAME OF HUSBAND OR WIFE

Ethel R. Baldwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

42E Elizabeth Lambert

17. INFORMANT

104 E. 50th, KC, Mo.

Address

3-6 Mar.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Azotemia, anemia & cachexia

INTERVAL BETWEEN ONSET AND DEATH

3-6 Mar.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Hydro pyo nephrosis & Hydro ureter.

" ?

DUE TO (c)

Extensive d. Fuse Carcinoma of Bladder 5 Years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

(1) Complete Heart Block. Cardiac

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Myocardial Infarction

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1956 to 5 April 1962 and last saw him alive on 4 April 1962.
Death occurred at 2:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Philip B. Kaul M.D.

22b. ADDRESS

7320 Wornall Rd. KC-18

22c. DATE SIGNED

5 Apr. 62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4-9-62

23c. NAME OF CEMETERY OR CREMATORY

Elmwood

23d. LOCATION (City, town, or county)

Kansas City, Mo.

(State)

24. FUNERAL DIRECTOR

Stine & McClure

ADDRESS

Kansas City, Mo.

25. DATE RECD. BY LOCAL REG.

4-6-62

26. REGISTRAR'S SIGNATURE

Ruth Long

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Philip B. Kaul

ITEM NO.

DATE AMENDED

VS 300 Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.